

10-Feb-17

10Feb17-2435

**CHASE**  
**Business Signature Card**  
 ACCOUNT TITLE ("DEPOSITOR")  
 WORTH MEDICAL COMPANY LLC



ACCOUNT NUMBER 9708  
 TAXPAYERID NUMBER 45-2551885  
 ACCOUNT TYPE Chase BusinessSelect Checking

**BUSINESS ADDRESS**  
 2215 CEDAR SPRINGS RD APT 1217

DALLAS, TX 75201-1860

DATE OPENED 10/20/2011  
 New Account  
 FORM OF BUSINESS Limited Liability Company  
 ISSUED BY JPMorgan Chase Bank, N.A. (2011)  
 Medical  
 JOHN A GONZALEZ  
 713-795-7391  
 10/20/2011

**PRIMARY IDENTIFICATION**  
 State Certification of Business

ID NUMBER

ISSUER  
 SEC OF TEXAS

ISSUANCE  
 06/03/2011

EXP DATE

**SIGNER(S) TO BE ADDED LATER**

**ACKNOWLEDGEMENT** - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the Bank). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary action or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor and the individual(s) listed below. The Depositor acknowledges receipt of the Bank's Account Rules and Regulations or other applicable account agreement, which includes all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

**CERTIFICATION** - The undersigned certifies under penalties of perjury that (1) the Depositor's Taxpayer Identification Number shown above is correct, and (2) the Depositor is not subject to backup withholding because: (a) the Depositor is exempt from backup withholding, or (b) the Depositor has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Depositor that it is no longer subject to backup withholding, and (3) the Depositor is a U.S. citizen or other U.S. person (as defined in the Form W-9 Instructions).

If the IRS has notified the Depositor that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above.

☐ The Depositor is a foreign entity, and therefore the penalties of perjury certification on this form do not apply. In addition, the Depositor has certified its foreign status to the Bank by completing the appropriate Form W-8.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

NIDIA MARTINEZ

Member Managed

10/26/2011

DEJAN MILOSEVIC

SIGNER

10/20/2011

BRIAN SWIENCINSKI

Member Managed

10/26/2011

Rev (12/08)



**GOVERNMENT  
 EXHIBIT  
 918  
 4:18-CR-368**

GX918.001

DOJ\_18CR368-0026955

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## BUSINESS ACCOUNT ADD SIGNERS FORM


NAME OF BUSINESS WORTH MEDICAL COMPANY LLCTAXPAYER ID NO. 45-2551885BUSINESS ADDRESS 209 W 2ND ST STE 334, FORT WORTH, TX 76102-3021BRANCH NAME AND NO. WESTSIDE FORT WORTH - 164BANK NO. 201BRANCH PHONE NO. (817) 334-0578INTEROFFICE MAILCODE TX1-3433PREPARED BY: NAME CRYSTAL D DOUCETDATE: 04/16/2013

Please add the following signer to the accounts listed below (other authorized signers on record do not change).

Name of the Signer to Add

Title

Signature

Date

LAUREN B TRUCHSESSSIGNERLAUREN4/23/13

Identification

ID Number

Issuer

Issuance Date

Expiration Date

1) Driver's License

2) None

Account Numbers:

9708

Please add the following signer to the accounts listed below (other authorized signers on record do not change).

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

Please add the following signer to the accounts listed below (other authorized signers on record do not change).

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

## CERTIFICATION

The undersigned hereby certifies that the person(s) added as authorized signers on the account(s) indicated above have been added in accordance with resolutions or other documents of the Business regarding signing authority for bank accounts. The undersigned further certifies that for those added as authorized signers, the names, titles and signatures are correct.

For a Corporation or Unincorporated Association or Organization:

For Sole Proprietorship:

For Partnership or Limited Liability Company:

For Government Entity:

Secretary

Date

Owner/Sole Proprietor

Date

Partner/Member/Manager

Date

Certifying Official

Date



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JPMorgan Chase Bank, N.A. Member FDIC

